

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155496		(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 08/12/2011	
NAME OF PROVIDER OR SUPPLIER  VALLEY VIEW HEALTH CARE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 333 W MISHAWAKA RD ELKHART, IN46517			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K0000	<p>A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 08/12/11</p> <p>Facility Number: 000523 Provider Number: 155496 AIM Number: 100266930</p> <p>Surveyor: Richard D. Schade, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Valley View Health Care Center was found in substantial compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies</p>			K0000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	<p>and 410 IAC 16.2.</p> <p>This one story facility was determined to be of Type V (111) construction and was fully sprinklered. The original building was constructed in 1984 with the south wing, consisting 500, 600 and 700 halls, added in 1986. The facility has a fire alarm system with smoke detection in the corridors and spaces open to the corridors. The facility has a capacity of 126 and had a census of 106 at the time of this survey.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 08/15/11.</p> <p>The facility was found in substantial compliance with the aforementioned regulatory requirements as evidenced by the following:</p>						

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K0064 SS=B	<p>Portable fire extinguishers are provided in all health care occupancies in accordance with 9.7.4.1. 19.3.5.6, NFPA 10</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 portable fire extinguishers in the kitchen was readily identified as a secondary backup to the automatic fire suppression system. NFPA 10, 1998 Edition, 2-3.2.1 requires fire extinguishers to include a conspicuously placed placard which states the automatic fire protection system is to be activated before using the fire extinguisher. This deficient practice affects all staff in and near the kitchen.</p> <p>Findings include:</p> <p>Based on observation with the maintenance supervisor on 08/12/11 at 3:35 p.m., no placard was placed near the Class K extinguisher in the kitchen. The maintenance supervisor acknowledged there was no placard placed near the fire extinguisher.</p>		K0064	<p>Submission of this response and Plan of Correction is not a legal admission that a deficiency exists or that this statement of deficiency was correctly cited and is also not to be construed as an admission of interest against the facility, the Administrator, or any employee, agents or other individuals who draft or may be discussed in the response and Plan of Correction. In addition, preparation and submission of the Plan of Correction does not constitute an admission of agreement or agreement of any kind by the facility of the truth of any facts alleged or the corrections of conclusions set forth in this allegation by the survey agency. Accordingly, the facility has prepared and submitted this Plan of Correction prior to the resolution of appeal of this matter solely because of the requirements under State and Federal law that mandates submission of the Plan of Corrections a condition to participate in the Title 18 and Title 19 programs. The submission of this Plan of Correction within this timeframe should in no way be of non-compliance or admission by the facility.</p> <p>It is the practice of this facility to ensure the highest quality of care is afforded our residents.</p>		08/12/2011	

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED

OMB NO. 0938-0391

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	3.1-19(b)				<p>Consistent with this practice, the following has been done: Corrective action taken: A placard stating the automatic fire protection system is to be activated before using the fire extinguisher, was placed above the extinguisher. The placard is written in bold, large font in English and Spanish.</p> <p>How will other residents be identified: No residents were affected.</p> <p>What measures will be put into place to ensure the deficient practice does not recur: The signage has been secured to the wall.</p> <p>How will the corrective action be monitored: The maintenance department has added to their monthly preventive maintenance checklist to ensure the presence of this placard.</p> <p>Date of completion: August 12, 2011</p>		